

Business Deposit Account Application - Sole Proprietorship

A Sole Proprietorship is a business owned and managed by one person (or for tax purposes, a husband and wife). Sole proprietorship is a common form of organization for a small business. This person alone receives the profits and is responsible for the obligations of the business. Setting up a sole proprietorship may be easier than other business types since no legal formation documents need to be filed with any governmental agency, although tax registration and other permit and license requirements still apply. A sole proprietor may do business with a trade name other than his or her legal name. If so, a trade name registration is required. In Georgia, trade names are registered with the Clerk of Superior Court of the county where the business is located. Trade names are also known as fictitious names, assumed names or DBAs (short for doing business as).

Business Membership Application Checklist

To apply for a Business Deposit Membership for a sole proprietorship, please provide a copy of the documents in the checklist below.

- Completed Business Deposit Account Application
- Current Business License, Occupational Tax Certificate or Trade Name Registration
- Taxpayer Identification Number or the Social Security Number of the Sole Proprietor
- Driver's License for each Authorized Signer

Business Deposit Account Application



Business Eligibility

Business Location in Metro Atlanta _____
County _____

Business Owner is Current Primary Member _____
Primary Member Account Number _____

Business Information

Legal Name of Business: _____

DBA (if applicable): _____ Federal Tax ID No.: _____

Principal Business Address:

Street (No P.O. Boxes) _____

City _____ State _____ Zip _____

Business Phone _____ Business Email _____ Business Website _____

Mailing Address (if different from Principal Business Address) _____

Primary Contact Name _____ Emergency Contact Name _____ Emergency Contact Phone _____

Business Type

What type of business are you in? _____
Describe the primary nature and function of your business

North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments. It appears on your Federal Tax Return or Schedule C.

_____ NAICS Code

- Sole Proprietorship Corporation
- Limited Liability Company (LLC) Partnership (General or Limited)

Is your business a non-profit, not-for-profit, or charitable organization? YES NO

_____ \$ _____
Date Business Established _____ Number of Years Under Current Ownership _____ State of Registration _____ Annual Sales (projected, if new) _____

Delta Community Credit Union reserves the right to deny membership to certain types of businesses.

Please complete and sign the information related to your Federal Taxpayer Identification Number.

- Federal Taxpayer ID Number (TIN)** – The number shown on this form is my correct federal taxpayer identification Number.
- Backup withholding** – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients** – I am an exempt recipient under the Internal Revenue Service Regulations.
- The FATCA code(s)** entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

(If not a "U.S. Person", certify foreign status separately.)

I certify under penalties of perjury the statements checked in this section and that I am a U.S. Person (including a U.S. resident alien).

Authorized Business Signatory _____ Date _____

Business Deposit Account Application



As a Financial Institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All of the following questions require answers. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

Business Activity

Delta Community does not offer accounts for internet gambling businesses, money service businesses (MSB), which includes: (1) cryptocurrency businesses (i.e. Bitcoin), (2) currency dealer or exchanger, (3) check cashing business, (4) issuer or redeemer of traveler's checks, money orders or stored value, (5) money transmitter (i.e. MoneyGram and Western Union), or marijuana-related businesses.

Does your business engage in any of the above activity? YES NO (If YES, we are unable to service your business)

Do you have a privately owned ATM at any of your business locations? YES NO

Is the Internet a major source of revenue for your business? YES NO

Monthly Cash Activity

What is the source of the cash deposits and/or purpose of cash withdrawals?

Deposits \$ _____
Withdrawals \$ _____

Monthly ACH Activity

What is the source of the ACH deposits and/or purpose of ACH withdrawals?

Number of ACH Deposits _____
Number of ACH Withdrawals _____
Dollar Amount of Deposits \$ _____
Dollar Amount of Withdrawals \$ _____

Monthly Wire Activity

Domestic
Describe the purpose of these transfers and list any reoccurring recipients/senders.
Number of Wires Sent _____
Number of Wires Received _____
Dollar Amount Wires Sent \$ _____
Dollar Amount Wires Received \$ _____

Foreign
Describe the purpose of these transfers, geographical location and list any reoccurring recipients/senders.
Number of Wires Sent _____
Number of Wires Received _____
Dollar Amount Wires Sent \$ _____
Dollar Amount Wires Received \$ _____

Monthly Check Activity

Deposits \$ _____ Withdrawals \$ _____

Business Deposit Account Application



Product Selection

Savings

- Business Savings
(5.00 min required for membership)
- Business Money Market

Checking

- Value Checking
- Business Checking

Additional Services

- Reward Points for Visa Check Card
- Contributing to:
 - Business
 - Primary Personal

Merchant Services

Authorized Signers At least 1 authorized signer must be a partial owner of the business

Authorized Signer 1

Name (First, MI, Last) _____ Position with the Business _____ % Ownership _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____ Existing Member Account No. (if applicable) _____

Driver's License/State ID No. (copy required) _____ State of Issue _____ Issue Date _____ Expiration Date _____

Street Address _____

City _____ State _____ Zip _____ Years at Current Address _____

Previous Address if Current is under 2 years _____

Home Phone _____ Work Phone _____ Mobile Phone _____ Email _____

Accounts: Business Savings Value Checking Business Checking Money Market Account

Check Card? Yes No

Authorized Signer 2

Name (First, MI, Last) _____ Position with the Business _____ % Ownership _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____ Existing Member Account No. (if applicable) _____

Driver's License/State ID No. (copy required) _____ State of Issue _____ Issue Date _____ Expiration Date _____

Street Address _____

City _____ State _____ Zip _____ Years at Current Address _____

Previous Address if Current is under 2 years _____

Home Phone _____ Work Phone _____ Mobile Phone _____ Email _____

Accounts: Business Savings Value Checking Business Checking Money Market Account

Check Card? Yes No

Business Deposit Account Application



Authorized Signer 3

Name (First, MI, Last)		Position with the Business	% Ownership	
Social Security Number	Date of Birth (MM/DD/YYYY)	Existing Member Account No. (if applicable)		
Driver's License/State ID No. (copy required)	State of Issue	Issue Date	Expiration Date	
Street Address				
City	State	Zip	Years at Current Address	
Previous Address if Current is under 2 years				
Home Phone	Work Phone	Mobile Phone	Email	
Accounts:	<input type="checkbox"/> Business Savings	<input type="checkbox"/> Value Checking	<input type="checkbox"/> Business Checking	<input type="checkbox"/> Money Market Account
Check Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Authorized Signer 4

Name (First, MI, Last)		Position with the Business	% Ownership	
Social Security Number	Date of Birth (MM/DD/YYYY)	Existing Member Account No. (if applicable)		
Driver's License/State ID No. (copy required)	State of Issue	Issue Date	Expiration Date	
Street Address				
City	State	Zip	Years at Current Address	
Previous Address if Current is under 2 years				
Home Phone	Work Phone	Mobile Phone	Email	
Accounts:	<input type="checkbox"/> Business Savings	<input type="checkbox"/> Value Checking	<input type="checkbox"/> Business Checking	<input type="checkbox"/> Money Market Account
Check Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Business Deposit Account Application



Important Account Opening Information

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The undersigned authorizes the Credit Union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals to determine eligibility for a business deposit product. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the Credit Union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and will receive copy(ies) of, this document and the following:

- Business Membership & Account Agreement
- Privacy & Opt Out Notification
- Electronic Fund Transfers: Your Rights & Responsibilities
- Business Deposit Account Terms & Conditions
- Limits & Fees Disclosure
- Funds Availability Disclosure
- Business Services Wire Transfer Service Agreement & Disclosure
- Online Account Protection Notification

Authorized Signer's Signatures

X _____
Signer 1

X _____
Signer 3

X _____
Signer 2

X _____
Signer 4

For internal use only: Branch ID: _____

Teller #: _____